

Application for Associate Membership of Illawarra Association for Christian Parent Controlled Education

Surname:	Christian Names:
Address:	
Phone number:	Email Address:
Church attended:	Minister's name: Minister's phone number

I have received and read the Constitution of the Association and do hereby declare that:

- A. I am 18 years of age or over.
- B. I agree with the object for which the Association is established.
- C. I agree with the principles as outlined in the Educational Creed.
- D. I agree to pay the Annual Membership Fee as determined by the Board of Directors from time to time.
- E. I have enclosed a letter of reference from my Minister. (Please if a reference has already been supplied with Enrolment Application)

Why do you wish to become an Associate Member of the Illawarra Association for Christian Parent Controlled Education?

Have you attended a membership information evening? If yes - date attended? _____
If no - you will be advised when the next information evening will be held. Your application for association membership will be held by the Business Centre until you have attended a membership information evening.

I hereby apply for Associate Membership of the Illawarra Association for Christian Parent Controlled Education

Signature	Date
Signature of Joint Member	Date

NOTE: Associate membership becomes effective following the Board's recommendation and your payment of the set fee. The annual fee is \$46 per membership. *Please do not send payment at this stage.*